

Work Order ID 89749 - 2

89749

Page 1

September-04-12 1:34:20 PM

Item ID: D3119-041 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Cover Assembly
 Start Date: 9/04/12 Start Qty: 2.00 Cust Item ID:
 Required Date: 10/19/12 Req'd Qty: 2.00 Customer:
 Reference:

Approvals: Process Plan: Date: Tooling: Date: Run Start *NR1*
 QC: Date: SPC (Y/N): Date: Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3119	Rev B								
100	PURCHASING	0.00							
100									
Purchasing	Memo	0.00							
Purchasing	Issue P/O: 17835 D3119-041 Cover Assembly as per Dwg D3119 Supplier: Delastek Material: Cream Kydex 100, 0.060 thick Material release note required								
110	Receive & Inspect for Damage & Mat'l Certs	0.00							
110									
Packaging	Memo	0.00							
Packaging	Ensure Material Release Note is attached								
120	QC6- Inspect dimensions to drawing	0.00							
120									
QC	Memo	0.00							
Quality Control									

CX 12/09/06 (3)

P 13/4/3
C 12/9/06 (2)

DAS
15
2-89

0.00/13.1-5

2

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabelled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 89749

September-04-12 1:34:20 PM

89749

Page 2

Item ID: D3119-041

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Cover Assembly

Start Date: 9/04/12 Start Qty: 2.00

2

Cust Item ID:

Required Date: 10/19/12 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

Identify as per dwg & Stock Location: 812411 0.00

130

Packaging

Memo

0.00

Packaging

2x

Sp
13-01-08

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

13/1/10

MLJ 13-01-08

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Picklist Print

September-04-12 1:34:19 PM

Page 1

Work Order ID: 89749

Parent Item: D3119-041

Parent Item Name: Cover Assembly

Start Date: 9/04/12

Required Date: 10/19/12

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP: A03.02.24New IssueKJ/RF

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3119-041P Cover Assembly		Purchased	No			110	Each	0.0000	1	2		43/1/3 (2)	

mKyD100S. 060-PI-62015

X SF
32

m123371

CH 12/11/20

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

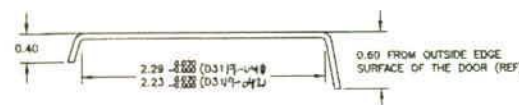
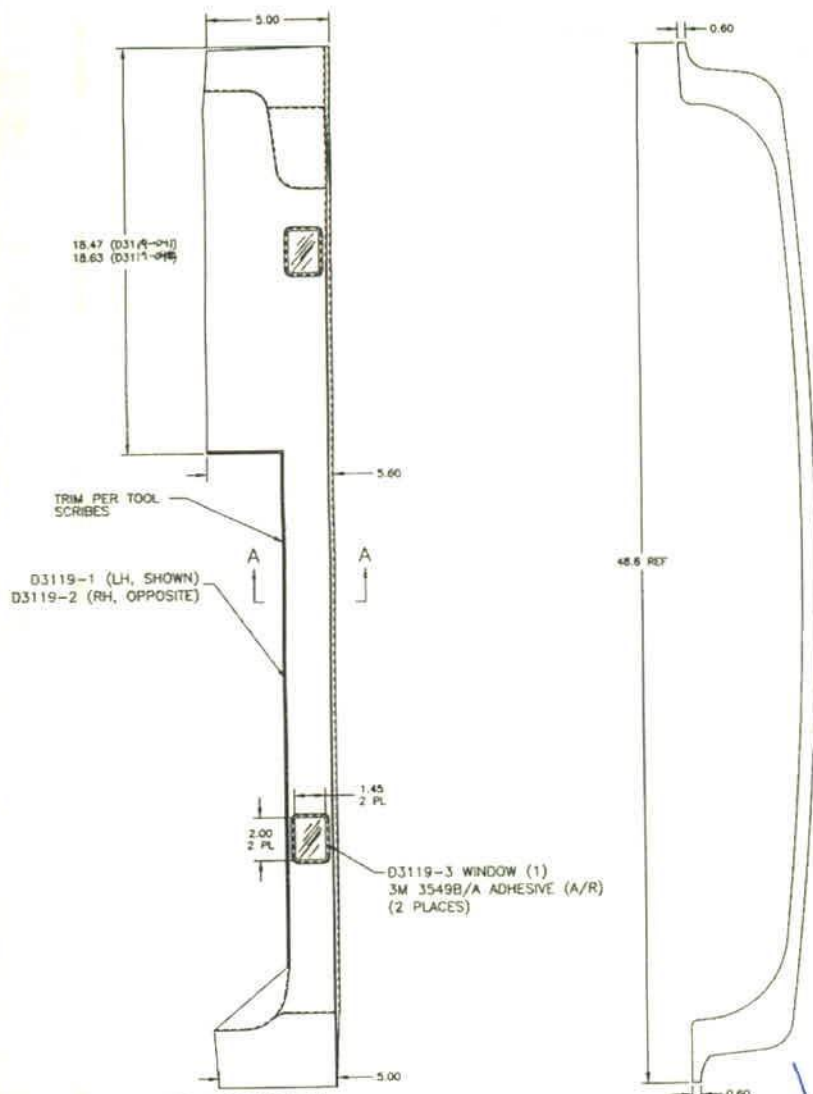
QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

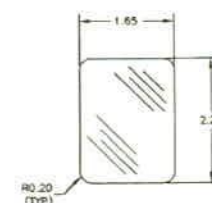
FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



RELEASED
04.11.23



SECTION A-A



D3119-3 WINDOW

D3119-1 COVER, LH (SHOWN, REPLACES PREMIER P/N B30-23000-219)

- 1) MAKE FROM TOOL B30-23000-219T
- 2) MATERIAL: CREAM KYDEX 100, 0.060 THICK

D3119-2 COVER, RH (OPPOSITE, REPLACES PREMIER P/N B30-23000-220)

- 3) MAKE FROM TOOL B30-23000-220T
- 4) MATERIAL: CREAM KYDEX 100, 0.060 THICK

D3119-3 WINDOW (REPLACES PREMIER P/N B30-23000-221)

- 5) MATERIAL: LEXAN, 0.060 THICK

GENERAL NOTES

- 6) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 7) ALL DIMENSIONS ARE IN INCHES

D3119-041 COVER ASSEMBLY, LH
(SHOWN, REPLACES PREMIER P/N B30-23000-29)
D3119-042 COVER ASSEMBLY, RH
(OPPOSITE, REPLACES PREMIER P/N B30-23000-30)

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PERSON WITHOUT WRITTEN PERMISSION FROM
DART AEROSPACE LTD.

B	04.11.17	RE-DESIGN
A	02.04.15	NEW ISSUE
DESIGN	DRAWN BY	DART DART AEROSPACE LTD. HAMPSHIRE, OXFORD, CANADA
CHECKED	APPROVED	DRAWING NO. D3119
DATE	04.11.17	TITLE COVER ASSEMBLY
		REV. B SHEET 1 OF 1 SCALE NTS

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS			
Part No. _____		Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>
NCR No. _____		Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>
		Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>
		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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DART
aerospaceDart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053**PURCHASE ORDER**

Purchase Order ID PO17835

Purchase Order Date 9/06/12

PO Print Date 9/12/12

Page Number 1 of 1

Order From :

VU-DEL003

DELASTEK INC
2699 5E AVENUE, LOCAL C.P 10100GRAND-MERE, QC G9T 5K7
CA

Contact Name

Vendor Phone 819 533 5788

Vendor Fax 819 533 3494

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

10127-2607

Tax Resale Nbr

Net 30

Terms

Currency

USD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA**FAKED**
05/12/12

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D3119-041P	Cover Assembly	9/17/12 Yes	3.00 Each	FedEx PI collect	\$110.2000	\$330.60

Rec'd 9/12/12

Rush

Special Inst: AS PER DWG D3119 REV. B
B89749
MATERIAL: CREAM KYDEX 100, .060"
THICK MATERIAL

PO Total:

\$330.60

CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

Change Nbr:

2

Change Date: 9/06/12

No substitution or deviation without
consent.Certificate of Conformity or Material
Certification required - YES NO





DELASTEK Inc.
2699 5e Avenue
Local 14, C.P. 10100
Grand-Mère, Québec G9T 5K7
Canada
Tel.: (819) 533-5788
Fax: (819) 533-3494

PACKING SLIP CERTIFICATE OF COMPLIANCE

Invoice No.	46225
Customer No.	DART US

Bill To

DART AEROSPACE LTD
1270, Aberdeen Street
Hawksbury, Ontario K6A 1K7
Canada

Telephone : 613-632-5200
Contact : Linda Lacelle

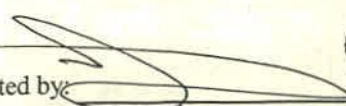
Ship To

DART AEROSPACE LTD
1270, Aberdeen Street
Hawksbury, Ontario K6A 1K7
Canada

Telephone : 613-632-5200
Contact : Linda Lacelle

Ship Date	Order Date	Our SO #	Ordered by	Your PO#	Terms
20-12-2012	06-09-2012	21646	Chantal Lavoie	PO17835	Net 30 days USA
Ship Via		F.O.B.		Salesperson	GST/PST
Day & Ross Collect		Point de départ		Mathieu Veilleux, ext. 235	
Order Qty	B.O. Qty	Current Ship.	Item number	Description	
3	0	2	DKC135-0001	Line #1 D3119-041 Cover Assy B89749 U of M: Chaque Dwg Rév.: B MATERIAL CREAM KYDEX 100.060" THICK MATERIAL Lot # 46049 2	

It is hereby certified that all materials, process and finished items were controlled and tested in accordance with the requirements of the purchase order and applicable specifications. All such records are on file at our plant and available for review upon request

Accepted by: 
Quality department



AQ-357

☒ Cust. ☐ Adm. ☐ Quality ☐ Ship.

Date: Vendredi, 2012-10-26 07:19:42
 Utilisateur: marc dubé

Feuille de Procédé

4/24 Sept

Client	: DART US DART AEROSPACE	Nom Dessin	: COVER ASSY
Numéro Job	: 46049	Numéro Article	: DKC135-0001
Numéro	: 4138	Numéro Dessin	: D3119
Numéro B.A.	:	Projet Numéro	: DKC135
Cette fois	: 2012-10-26 No. :	Révision dessin	: B
Prsht Rev.	: NC	Matériel	: Kydex 100 beige .060" Thk
Prem. fois	: - - Type :	Date Due	: 2012-10-22 Qté: 2 Ud UNITE
Job précédente	: 27122		
Écrit par	: 		
Vérifié & Approuvé par	: _____		
Commentaires	: N° de pièce Dart Aerospace: D3119-041 : N° de pièce Delastek Aeronautique: DKA359-0005 : N° de pièce Delastek Composites: DKC135-0001 Process Sheet Rév.: 00 Création du premier dans DKA à partir de la Rév.: 03 de DKC		

Produit additionnel

Numéro Job:



Séq.:

Machine ou

Description :

1.0

AMB0208

Kydex 100 cream 0.060"thick # 72005

Comment Qty.: 0.36 FEUILLE(s)/Unit Total : 0.72 FEUILLE(s)

Kydex 100 cream 0.060"thick

N° de Lot : 1-38595-1



2.0

SORTIE MATÉRIEL

Sortir le matériel



Comment Setup: 0.00Hrs/ Run: 0.0000Min Total Run : 0.0000Hrs

Sortir le matériel du magasin

Date : 27/11/12 Sceau :



3.0

THERMOFORMAGE

Thermoforme / Découpe primaire



Comment Setup: 0.00Hrs/ Run: 0.0000Min Total Run : 0.0000Hrs

Thermoformage des pièces.

Monter le set-up du moule de thermoformage N° DKG 359-504 sur le thermoformeur 4' x 8'.

Tailler le matériel selon les dimensions requises :

16" x 62" x .060" Thk.

23" x 68" x .060 Thk









Thermoformer la pièce B30-23000-219.













Autocontrôle de fabrication. (Visuel et épaisseur)











Feuille de Procédé

Client:	DART US DART AEROSPACE		Nom Dessin:	COVER ASSY
Numéro Job:	46049		Numéro	DKC135-0001
Numéro Job:				
# Séq.:	Machine ou Opération:	Description :		
	Quantité : <u>1</u> Date : <u>27/11/12</u> Sceau : 			
	Quantité : <u>2</u> Date : <u>14/12/12</u> Sceau : _____			
4.0	TRIMAGE	Trimage		
Comment	Setup: 0.00Hrs/ Run: 0.0000Min Total Run : 0.0000Hrs Trimage de finition Faire le découpage primaire sur la scie à ruban. Faire le trimage de la pièce selon la ligne tracée sur le moule (elle doit apparaître sur la pièce) et selon le dessin page 21 (Pour les trous). Autocontrôle de fabrication. (Visuel et selon le moule) Déburrer. Quantité : <u>2</u> Date : <u>17-12-12</u> Sceau :   Quantité : _____ Date : _____ Sceau : _____			
5.0	AMB0209	Lexan 9034 0.060" thickness		
Comment	Qty.: 0.000 FEUILLE(s)/Unit Total : 0.000 FEUILLE(s) Lexan 9034 0.060" thickness N° de Lot : <u>475-11</u>			
6.0	TRIMAGE	Trimage		
Comment	Setup: 0.00Hrs/ Run: 0.0000Min Total Run : 0.0000Hrs Taillage du matériel. Sur la banc scie, tailler les B30-2300-221 selon les dimensions du dessins (1.65" x 2.20") et faire des rayons de .20" au quatre coins. Ébavurer. Autocontrôle de fabrication. (Visuel et selon le dessin) Quantité : <u>2</u> Date : <u>17-12-12</u> Sceau :   Quantité : _____ Date : _____ Sceau : _____			

Feuille de Procédé

Client:	DART US DART AEROSPACE		Nom Dessin:	COVER ASSY
Numéro Job:	45049		Numéro	DKC135-0001
Numéro Job:				
# Séq.:	Machine ou Opération:	Description :		
7.0	AAC0562	3549 B/A adhesive kit 2oz.		
Comment	Qty.: 0.00 UNITE(s)/Unit Total : 0.00 UNITE(s) 3549 B/A adhesive kit 2oz. N° de Lot : <u>1-37924-1</u>			
8.0	PRÉPARATION.	Préparation du matériel		
				
Comment	Setup: 0.00Hrs/ Run: 0.0000Hrs Total Run : 0.0000Hrs Préparation du matériel. Faire le mélange de l'adhésif 3549 B/A selon les instructions inscrites sur le contenant. Date : <u>18-12-12</u> Sceau : 			
9.0	ASSEMBLAGE	Assemblage mécanique		
				
Comment	Setup: 0.00Hrs/ Run: 0.0000Min Total Run : 0.0000Hrs Assemblage général des pièces Assembler les deux B30-23000-221 Window sur le B30-23000-219 à l'aide de l'adhésif 3549 B/A et laisser sécher pendant 16 heures. Autocontrôle de fabrication. (Assemblage) Quantité : <u>2</u> Date : <u>18-12-12</u> Sceau :  Quantité : _____ Date : _____ Sceau : _____			
10.0	INSPECTION	Inspection générale		
				
Comment	Setup: 0.00Hrs/ Run: 0.0000Min Total Run : 0.0000Hrs Inspection générale Faire l'inspection de la pièce selon le dessin. Quantité : <u>2</u> Date : <u>19-12-12</u> Sceau :  Quantité : <u>X</u> Date : <u>20-12-12</u> Sceau : _____			

Feuille de Procédé

Client:	DART US DART AEROSPACE		Nom Dessin:	COVER ASSY
Numéro Job:	46049		Numéro	DKC135-0001
Numéro Job:				
# Séq.:	Machine ou Opération:	Description :		
11.0	IDENTIFICATION	Identification des pièces		
				
Comment	Setup: 0.00Hrs/ Run: 0.0000Min Total Run : 0.0000Hrs			
	Identification des pièces.			
	Faire l'identification : N° de pièce : D3119-041			
	Date de fabrication : <u>19/12/12</u>			
	N° de Work Order: <u> </u>			
	Sceau d'inspection			
	Autocontrôle de fabrication. (Visuel de l'identification)			
	Quantité : <u>2</u>	Date : <u>19/12/12</u>	Sceau : 	
	Quantité : <u>2</u>	Date : <u>19/12/12</u>	Sceau : 	
12.0	EMBAL / ENTREPO	Emballage & Entreposage		
				
Comment	Setup: 0.00Hrs/ Run: 0.0000Min Total Run : 0.0000Hrs			
	Emballage & Entreposage			
	Emballer les pièces individuellement dans un sac en polythène et entreposer au besoin en attendant la livraison vers le client.			
	Quantité : <u>2</u>	Date : <u>20/12/12</u>	Sceau : 	
	Quantité : <u> </u>	Date : <u> </u>	Sceau : <u> </u>	

